

To: Health Care Oversight Committee
c/o Jennifer Carbee
Vermont Legislative Council
115 State Street
Montpelier, VT 05602

From: John Barbour Executive Director, Champlain Valley Agency on Aging on behalf of Vermont's Area Agencies on Aging

Re: Waiting Lists for Community Based Services and Choices for Care Savings

Date: September 6, 2013

Thank you for soliciting our thoughts on these issues.

Moderate Needs Group (MNG) Waiting List

The Moderate Needs Group was designed as a way to provide some services to individuals who do not meet the threshold of needing nursing home care but still need help in their daily lives because of frailty, illness, or disability. The primary issue is the number of people waiting for homemaker services to help them maintain their homes, help with laundry, shopping, cooking, etc. The amount of service provided is very limited – six hours a week – but many people receive less assistance than this because of limited funds, and people on the waiting list receive no assistance at all. Since preference is given to people with Medicaid, those who are slightly above the eligibility level are unlikely to ever receive help.

One person on the wait list has an income \$100 a month over income for Community Medicaid and desperately needs homemaking assistance in her mobile home. The AAA paid close to \$1,000 over the past two years for cleaning services for her because of the squalor that built up in her home. Two hours of housekeeping help three days a week would keep the situation under control, contribute enormously to her quality of life, and she would be safe and less likely to fall.

In another situation a woman in her eighties lives in a senior housing. She has had multiple surgeries and is unable to take care of her apartment. Since she is able to provide for her own personal care (bathing, dressing, etc.) she would not be eligible for Choices for Care. She too does not have Medicaid (although her income is low enough to qualify for VPharm assistance). The senior housing she lives in offers homemaker services for \$20/hour and she will pay for one hour a week and the AAA will pay for one hour a week. She finds any activity to be exhausting and even a visit to a physician's requires an extended period of rest.

There have been times when substantial sums allocated for homemaker help have gone unused, even though the wait list is large.

We would love to see these issues addressed and make homemaker assistance more readily available to both those with Medicaid and those who qualify for MNG but do not have Medicaid.

Choices for Care Savings

Sequestration

As you know Vermont's AAA's saw their federal funding reduced by approximately \$350,000 because of Sequestration. From all appearances this will continue into FY 2014, resulting in a two-year loss of \$700,000. A significant portion of this comes from the two nutrition programs – Congregate Meals and Home Delivered Meals. The remainder comes from a section of the Older Americans Act that provides funding for other community based services including Case Management, Health Promotion and Falls Prevention, Transportation, Health Insurance Counseling, funds for in-home services, and Information and Assistance, Caregiver Support, etc. All of our programs will be affected.

As a result of sequestration, the number of meals served to seniors, including Meals on Wheels, will decline significantly and the senior centers and community centers where the meals are served will not receive the support they need to provide quality services. The need for other services provided by AAA's continues to grow

Rates for Choices for Care Providers

Rate increases for all providers would improve wages for direct caregivers as well as help the agencies that provide services through CFC such as Home Health Agencies, AAA's, and Adult Day Programs, all of which struggle to sustain current levels of service.

Elder Care Clinician Program

Some funds have been allocated (but not yet distributed) to increase funding for this program that is a collaboration between Community Mental Health Agencies and AAA's. Most of the funding proposed so far would be used to provide training related to dementia and less than half would be used for direct services to elders with mental health needs. Funding for the Elder Care Clinician Program is actually less than it was when the program was initially created.